

12/18/03

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Deposited on: 12/17/2003

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/774,940
	Filing Date	01/31/2001
	First Named Inventor	Stanley L. Mills et al.
	Group Art Unit	1653 (Conf. No. 6337)
	Examiner Name	Robert B. Mondesi
Total Number of Pages in This Submission	Attorney Docket Number	5157.002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See remarks below:
Remarks 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page) Authorizing the Commissioner to charge indicated fees of \$210.00 (which includes \$ 210.00 for Extension of two months time) and any additional fee required and/or credit any overpayments to Deposit Account Dunlap, Coddington & Rogers, P.C.; 3. Extension of Time-within two months (1 page); 4. Fee Determination Record (1 page); 5. Amendment (8 pages); and 6. Postcard		

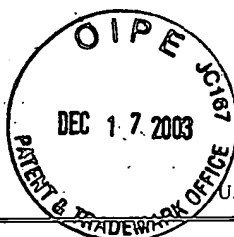
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma 73113; Christopher W. Corbett
Signature	
Date	12/17/03

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/774,940

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9	= 0
x 43	= 0
+ 140	= 0
TOTAL	0

RATE	FEE
	\$ 0
x \$ 18	= 0
x 86	= 0
+ 280	= 0
TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	10	Minus	** 20	= 0
Independent (37 CFR 1.16(b))	*	5	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9	= 0
x 43	= 0
+ 140	= 0
TOTAL	0
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ 18	= 0
x 86	= 0
+ 280	= 0
TOTAL	0
ADDIT. FEE	

AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*		Minus	**	=
Independent (37 CFR 1.16(b))	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9	= 0
x 43	= 0
+ 140	= 0
TOTAL	0
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ 18	= 0
x 86	= 0
+ 280	= 0
TOTAL	0
ADDIT. FEE	

AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*		Minus	**	=
Independent (37 CFR 1.16(b))	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ 9	= 0
x 43	= 0
+ 140	= 0
TOTAL	0
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ 18	= 0
x 86	= 0
+ 280	= 0
TOTAL	0
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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